

Kansas Payment Center - Child Support Order Information Sheet

Purpose: Federal law requires Kansas to process child support through a single location in the state. To insure that processing of child support payments is not delayed, the Kansas Payment Center must have all information listed on the form below.

Who submits the completed form: The payee's attorney shall file the completed form along with the Journal Entry with the Clerk of the District Court per Kansas Supreme Court Administrative Order No. 154.

Case Number: You must give the full, accurate court order number, or payments may be delayed. The case number may be copied from the child support order. The case number format is as follows:

	County	Year	Case Type	Case Number
Example: LN00D 000123 (LN)	(00)	(D)	(000123)	

Please call your local Clerk of the District Court if you need additional information to complete this form. Additional copies may be made as necessary.

PLEASE print or type all information.

Case Number _____	Check if applicable: <input type="checkbox"/> Court Trustee case	Check one: <input type="checkbox"/> New case/order <input type="checkbox"/> Modified order File stamp date of order: _____
Interstate: _____	Circle One Y N	

Obligation Information	Support Amount	Frequency Code	Start Date	Payment Frequency Codes
Current Child Support due: _____	\$ _____	_____	_____	(W) Weekly
Current Maintenance (Alimony) due: _____	\$ _____	_____	_____	(B) Biweekly
Other Support due: _____	\$ _____	_____	_____	(M) Monthly
_____	\$ _____	_____	_____	(SM) Semi-Monthly
	\$ _____	_____	_____	(Q) Quarterly
	\$ _____	_____	_____	(A) Annually
	\$ _____	_____	_____	(SA) Semi-Annually
	\$ _____	_____	_____	(L) Lump Sum

Information about the PAYING Parent

NAME: (First, Middle Initial, Last): _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____ Phone Number: _____

Information about the Parent or Person RECEIVING support

NAME (First, Middle Initial, Last): _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____ Phone Number: _____

Information about the Third Party Payee

NAME (First, Middle Initial, Last): _____

Address: _____ City: _____ State: _____ Zip: _____

Social Security Number: _____ Date of Birth: _____ Phone Number: _____

Information about CHILD(REN) covered by this support order

NAME (First and Last:	Social Security Number	Date of Birth
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____
6. _____	_____	_____
7. _____	_____	_____
8. _____	_____	_____

Form completed by: _____ Date: _____

Print Name (and title): _____

The completed form must be attached to the journal entry and filed with the Clerk of the District Court.